

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

Check if different  
than previously  
reported. (ACC)

Washington

DC

20037

1153

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00375360

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2011

through

02

28

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Carlton G. Davids

Signature of Treasurer

Electronically Filed by Carlton G. Davids

Date

03

18

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 23

Write or Type Committee Name  
American College of Cardiology Political Action Committee

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	66368.13
(b) Cash on Hand at Beginning of Reporting Period .....	56567.50	
(c) Total Receipts (from Line 19) .....	37438.05	46309.02
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	94005.55	112677.15
7. Total Disbursements (from Line 31) .....	15552.34	34223.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	78453.21	78453.21
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 23

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	2	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	32321.68	36375.02
(ii) Unitemized .....	4678.34	8449.19
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	37000.02	44824.21
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	37000.02	44824.21
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	438.03	1484.81
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	37438.05	46309.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	37438.05	46309.02

## DETAILED SUMMARY PAGE

of Disbursements

4 / 23

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	552.34	1473.94	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	552.34	1473.94	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	32500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	250.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	250.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15552.34	34223.94	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15552.34	34223.94	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 23

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	37000.02	44824.21
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37000.02	44574.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	552.34	1473.94
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	438.03	1484.81
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	114.31	-10.87

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Arthur S. Agatston, M.D., F.A.

Mailing Address 1691 Michigan Avenue Street 500

City

Miami Beach

State

FL

Zip Code

33139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	1	1

Transaction ID: E6D739C8C36D5810D0F

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Jay H. Alexander, M.D., F.A.

Mailing Address 2256 Carlyle Ct

City

Buffalo Grove

State

IL

Zip Code

60089-4695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Cardiologists,  
SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	1

Transaction ID: 43A98F5AD7DB4EFED6C3

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Rene J. Alvarez, Jr., M.D.,

Mailing Address 425 McKean Dr

City

Wexford

State

PA

Zip Code

15090-7327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Pittsburgh  
Medical Center

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	1	1

Transaction ID: A5AA5EE46F76B47FA8E

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Ray Beckman, CAE, MBA

Mailing Address 3208 E Colonial Dr  
Ste 264

City State Zip Code  
Orlando FL 32803-5127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Florida Chapter, American  
College of C

Occupation  
ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 1 1

Transaction ID: 88E7F23175A07D23B33

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ted Bialy, M.D., F.A.

Mailing Address 8 Wilson Way

City State Zip Code  
Ringoes NJ 08551-1811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hunterdon Doctors Office  
Bldg.

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: 77564E85C7C86A0D6D7

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Lianna S. Collinge, B.S.

Mailing Address 4014 88th Ave NW

City State Zip Code  
Gig Harbor WA 98335-6157

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Washington Chapter of the  
ACC

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.68

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: 4C55B2334776E6170EFD

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional) .....

1333.34

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

George H. Crossley, III, M.D.,

Mailing Address 276 Stratton Pl

City

Brentwood

State

TN

Zip Code

37027-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	1	1

Transaction ID: 486986F61FC4C33BE796

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Horace P. Dansby, III, M.D.,

Mailing Address 12515 McGregor Blvd  
Apt 214

City

Fort Myers

State

FL

Zip Code

33919-3194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

Transaction ID: 54AE9F4E5378AF265EE

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Stanley P. Defehr, M.D., F.A.

Mailing Address 3140 SE Bison Rd

City

Bartlesville

State

OK

Zip Code

74006-7647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blue Stem Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	1	1

Transaction ID: 7189CF2A27FD940BB3C

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1615.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Charlie W. Devlin, M.D., F.A.

Mailing Address 180 Gregg Pkwy

City

Columbia

State

SC

Zip Code

29206-4924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Carolina Heart Cent-  
er

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

Transaction ID: 3882DE163FEF13ECF4B

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph P. Drozda, Jr., M.D.,

Mailing Address 36 Picardy Hill Dr

City

Chesterfield

State

MO

Zip Code

63017-7127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sisters of Mercy Health  
System

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

Transaction ID: 6A7087B3BD997A40EB0

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Georg Emlein, M.D., F.A.

Mailing Address 500 University Ave

City

Sacramento

State

CA

Zip Code

95825-6504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacramento Heart and Vasc-  
ular Medical

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

Transaction ID: 582928258107E0AECB4

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrey Espinoza, M.D., F.A.

Mailing Address 14 Alexander Dr

City

Flemington

State

NJ

Zip Code

08822-4117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hunderdon Cardiovascular  
Assoc

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 7 / 2 0 1 1

Transaction ID: 69A6EC5254530DC41D3

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Gerrie Gardner, D.O., F.A.

Mailing Address 2693 Ford Rd

City

Cheyenne

State

WY

Zip Code

82009-8509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cheyenne Cardiology Assoc-  
iates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: A668AD63522A84EC87C

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

John B. Gordon, M.D., F.A.

Mailing Address 3131 Berger Ave  
Ste 200

City

San Diego

State

CA

Zip Code

92123-4203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Diego Cardiac Ctr. Med-  
ical Corporat

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 7 / 2 0 1 1

Transaction ID: 70AD404D3A55B289FFA

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John Gordon Harold, M.D., M.A.

Mailing Address 2473 Jupiter Dr

City

Los Angeles

State

CA

Zip Code

90046-1752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cedars-Sinai Medical Cent-  
er

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	1	1

Transaction ID: 83B8C506BC63CABA37E

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Michael B. Honan, M.D., F.A.

Mailing Address 4329 Corinth Dr

City

Mountain Brk

State

AL

Zip Code

35213-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CardioVascular Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

Transaction ID: 0F51D3B73FBEC612A81

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Jonathan K. Horiuchi, M.D., F.A.

Mailing Address 65 Blue Grass Blvd

City

Branchburg

State

NJ

Zip Code

08876-7444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

Transaction ID: B2DFD3831CC3F4A1F43

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

3750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**Full Name (Last, First, Middle Initial)  
Dubravka Imsirovic-Starcevic, M.D., F.A.

Mailing Address 5 Haddenford Dr

City	State	Zip Code
Flemington	NJ	08822-3527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hunterdon Cardiovascular  
AssociatesOccupation  
INVASIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

Transaction ID: 355213B64FEBBC9CED4

Amount of Each Receipt this Period

250.00

**B.**Full Name (Last, First, Middle Initial)  
Dipti Itchhaporia, M.D., F.A.

Mailing Address PO Box 3696

City	State	Zip Code
Newport Beach	CA	92659-8696

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Coast CardiologyOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	1	1

Transaction ID: 2B87DCBAD7A954F5469

Amount of Each Receipt this Period

2500.00

**C.**Full Name (Last, First, Middle Initial)  
Richard J. Kovacs, M.D., F.A.

Mailing Address 38 E 52nd St

City	State	Zip Code
Indianapolis	IN	46205-1025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Krannert Institute of Car-  
diologyOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	1	1

Transaction ID: 6D025003BD1B0E025CD

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 23

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Austin H. Kutscher, Jr., M.D.,

Mailing Address 29 Shippen Ct

City

Flemington

State

NJ

Zip Code

08822-6835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hunterdon Cardiovascular  
Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: BFBD4CEB9186D6C9936

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Steven L. McCormick, M.D., F.A.

Mailing Address 2930 Chesterfield Ave

City

Charleston

State

WV

Zip Code

25304-1125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 1 1

Transaction ID: 64A21B5EAE7E4C375A1

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Michael R. McGuire, M.D., F.A.

Mailing Address 500 Walter St NE  
Ste 401

City

Albuquerque

State

NM

Zip Code

87102-2563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ABQ Health Partners

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 1 1

Transaction ID: DDA3BC72681F1F191E6

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Douglas K. Mendoza, M.D., F.A.

Mailing Address PO Box 1424

City

Mandeville

State

LA

Zip Code

70470-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ochsner Heart and Vascular  
Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

Transaction ID: 811E2126800C5402441

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher D. Powers, M.D., F.A.

Mailing Address 13959 Meadow Grass Way

City

Fishers

State

IN

Zip Code

46038-8221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

Transaction ID: 3FFE75D17DEBD9C6DDC

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Howard S. Rosman, M.D., F.A.

Mailing Address 2093 Fairway Dr

City

Birmingham

State

MI

Zip Code

48009-1869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. John Hospital & Medic-  
al Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	1	1

Transaction ID: E5FE3233171CFEDD28A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1615.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrew G. Rudnick, M.D., F.A.

Mailing Address 97 Parkside Dr

City

New Hope

State

PA

Zip Code

18938-1080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hunterdon Cardiovascular  
Associates

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: 3847D589CB4B3B7814D

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

William Schafranek, M.D., F.A.

Mailing Address 16 Isaac Graham Rd

City

Flemington

State

NJ

Zip Code

08822-7217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hunterdon Cardiovascular  
Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: 64C540D2C527B8DF495

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Michael A. Scherlag, M.D., F.A.

Mailing Address 4050 W Memorial Rd

City

Oklahoma City

State

OK

Zip Code

73120-8382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma Heart Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 1 1

Transaction ID: A71515FD72881CA0F70

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert A. Shor, M.D., F.A.

Mailing Address 11211 Bright Pond Ln

City

Reston

State

VA

Zip Code

20194-1039

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
The Cardiovascular Group,  
PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	1	1

Transaction ID: 94DB9422EB282392DAB

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

George L. Smith, Jr., M.D.,

Mailing Address 3536 Mendocino Ave  
Ste 200

City

Santa Rosa

State

CA

Zip Code

95403-3634

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Northern California Medic-  
al Ass

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	1	1

Transaction ID: 8FE89DE82DF1D5DC832

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Louis E. Teichholz, M.D., F.A.

Mailing Address 30 Prospect Ave

City

Hackensack

State

NJ

Zip Code

07601-1914

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hackensack University Med-  
ical Center

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

Transaction ID: 938F9E0B46B41C6AC9C

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Suma A. Thomas, M.D., F.A.

Mailing Address 7620 Old Georgetown Rd  
Apt 1214City State Zip Code  
Bethesda MD 20814-6182FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 1 1

Transaction ID: 430387572A9E95C501B2

Amount of Each Receipt this Period

208.34

**B.**

Full Name (Last, First, Middle Initial)

Glen E. Tonnessen, M.D., F.A.

Mailing Address 44 Sutton Farm Rd

City State Zip Code  
Flemington NJ 08822-2728FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: CEFD95054884DECEF45

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ernesto Umana, M.D., F.A.

Mailing Address 3125 Stoneridge Rd SW

City State Zip Code  
Roanoke VA 24014-4217FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carilion ClinicOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: EA416C5DB3D639DA3E8

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional) .....

1008.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Uma S. Valeti, M.B.B.S.,

Mailing Address 856 Great Oaks Trl

City

Saint Paul

State

MN

Zip Code

55123-2434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Paul Heart Clinic PA

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 1 1

Transaction ID: 4D9CCCCCE330F1D51B2F

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew Van Tosh, M.D., F.A.

Mailing Address 100 Port Washington Blvd  
Nuclear Cardiology

City

Roslyn

State

NY

Zip Code

11576-1347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Francis Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 1 1

Transaction ID: E4C783B77B2A1552E5C

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

W. Douglas Weaver, M.D., M.A.

Mailing Address 2799 W Grand Blvd  
# K-14

City

Detroit

State

MI

Zip Code

48202-2608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henry Ford Heart & Vascular Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 1 / 2 0 1 1

Transaction ID: CAC48ABD-E07D-46FA-

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gary L. Weeks, M.D., F.A.

Mailing Address 1536 N 115th St  
Ste 200

City	State	Zip Code
Seattle	WA	98133-8400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summit CardiologyOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	1	1

Transaction ID: A67243EB-1E19-4352-

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Robert C. Wesley, Jr., M.D.,

Mailing Address 8841 Montagna Dr

City	State	Zip Code
Las Vegas	NV	89134-6148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

Transaction ID: 31DD9F5612F0C97ADD7

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Roberta G. Williams, M.D., M.A.

Mailing Address 4837 Commonwealth Ave

City	State	Zip Code
La Canada	CA	91011-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Children's Hospital of Los  
AngelesOccupation  
PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

Transaction ID: 23315F44F875424AA26

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William A. Zoghbi, M.D., F.A.

Mailing Address 6550 Fannin St  
# SM-677

City	State	Zip Code
Houston	TX	77030-2717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Methodist DeBakey Heart  
& Vascular CenOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	1	1

Transaction ID: 0DE6A568-EFB9-4E93-

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

32321.68

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 23

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City

Richmond

State

VA

Zip Code

23285-5024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1484.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	1

Transaction ID: ED60CE1E324D2E6EC06

Amount of Each Receipt this Period

438.03

Reimbursement for January  
Amex Fees and February Me-  
rchant Fees

SUBTOTAL of Receipts This Page (optional) .....

438.03

TOTAL This Period (last page this line number only) .....

438.03

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
February 2011 Amex Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** VC8425D835C5250A0935

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

179.61

**B.**

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy

City  
Knoxville

State  
TN

Zip Code  
37920

Purpose of Disbursement  
February Merchant Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** M0961489F972FCC2499B

Date of Disbursement

02 / 02 / 2011

Amount of Each Disbursement this Period

372.73

**SUBTOTAL** of Disbursements This Page (optional) .....

552.34

**TOTAL** This Period (last page this line number only) .....

552.34

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2011 Contribution

Candidate Name  
Democratic Congressional Campaign Committee

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

Contribution

Transaction ID: DE163747C21BBE7ABF4

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2011

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

15000.00